

# Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance  
Board Members

April 2020

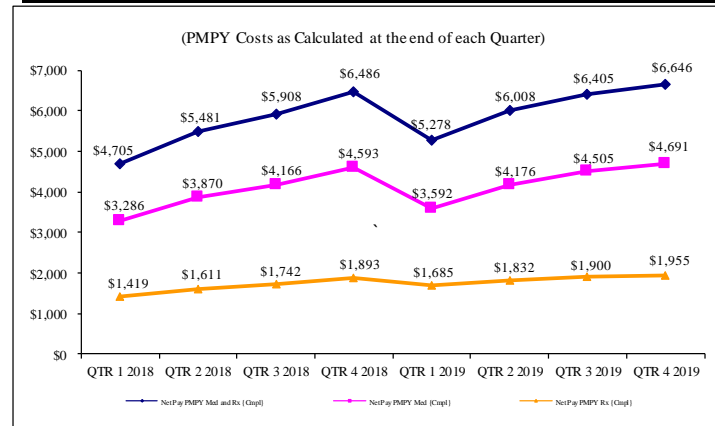
# DASHBOARD REPORT: BASED ON INCURRED CLAIMS THROUGH OCTOBER 2019

Includes Projections for Incurred, but Not Yet Reported (IBNR)

## Enrollment

Fact	Dec 2017 - Nov 2018	Dec 2018 - Nov 2019	% Change
Employees Avg Med	144,704	143,319	-0.96%
Members Avg Med	263,470	263,568	0.04%
Family Size Avg	1.8	1.8	1.00%
Member Age Avg	36.8	36.7	-0.25%

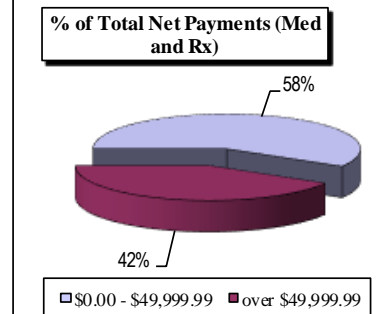
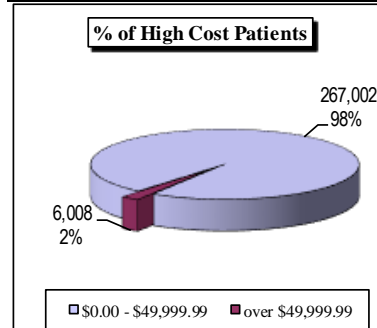
## Net Incurred Claims Cost per Member



## Allowed Claims Costs PMPY with Norms

	Dec 2017 - Nov 2018	Dec 2018 - Nov 2019	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$4,816.13	\$5,109.92	6%	\$5,249.19	-2.73%
Allow Amt PMPY IP Acute {Cmpl}	\$1,340.06	\$1,408.28	5%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$3,463.13	\$3,688.23	7%	\$3,745.35	-1.55%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,922.53	\$2,063.51	7%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$1,003.69	\$1,052.92	5%	N/A	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$223.22	\$237.51	6%	N/A	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$475.25	\$502.05	6%	N/A	N/A
Out of Pocket PMPY Med {Cmpl}	\$810.43	\$826.27	2%	\$804.35	2.65%
Allow Amt PMPY Rx {Cmpl}	\$1,860.51	\$2,062.10	11%	\$1,477.04	28.37%
Out of Pocket PMPY Rx {Cmpl}	\$210.42	\$214.53	2%	\$0.00	N/A

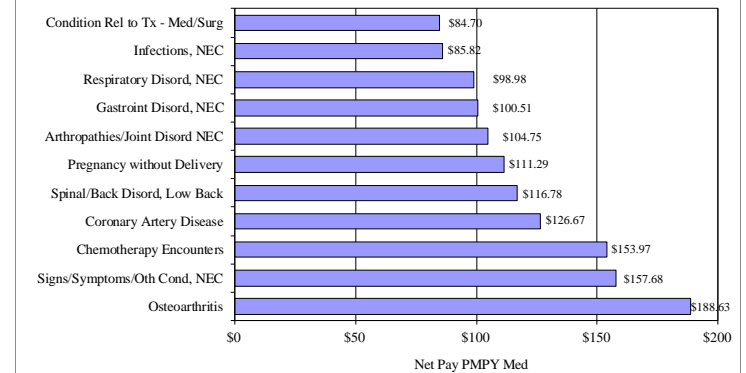
## High Cost Claimants Dec 18—Nov 19



## Prescription Drug Programs

	Fact	Dec 2017 - Nov 2018	Dec 2018 - Nov 2019	% Change
Mail Order	Discount Off AWP % Rx	56.01%	54.90%	-1.99%
	Scripts Generic Efficiency Rx	97.24%	98.24%	1.03%
Retail	Discount Off AWP % Rx	49.54%	46.77%	-5.60%
	Scripts Generic Efficiency Rx	96.71%	98.46%	1.80%
Total	Discount Off AWP % Rx	51.79%	49.91%	-3.63%
	Scripts Generic Efficiency Rx	96.80%	98.41%	1.67%
	Scripts Maint Rx % Mail Order	20.33%	25.78%	26.76%

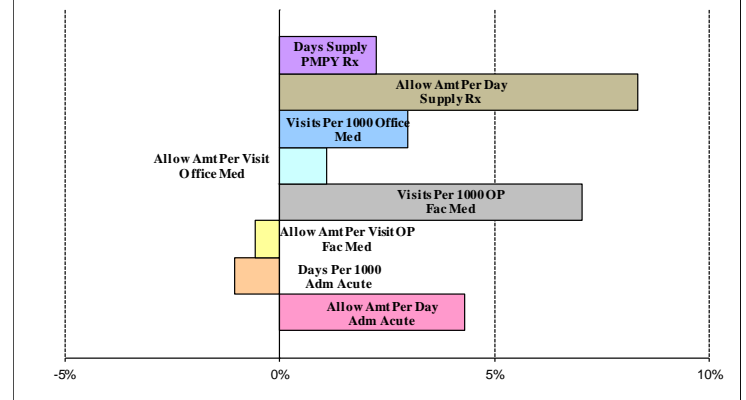
## Top 10 Clinical Conditions



## Cost Drivers Support

Fact	Dec 2017 - Nov 2018	Dec 2018 - Nov 2019	% Change
Allow Amt Per Day Adm Acute	\$4,858.39	\$5,067.10	4.30%
Days Per 1000 Adm Acute	275.67	272.79	-1.05%
Allow Amt Per Visit OP Fac Med	\$1,516.80	\$1,508.25	-0.56%
Visits Per 1000 OP Fac Med	1,267.52	1,356.86	7.05%
Allow Amt Per Visit Office Med	\$123.28	\$124.63	1.09%
Visits Per 1000 Office Med	8,140.38	8,384.23	3.00%
Allow Amt Per Day Supply Rx	\$3.17	\$3.43	8.35%
Days Supply PMPY Rx	587.63	600.80	2.24%

## Cost Drivers—Utilization and Price Trends



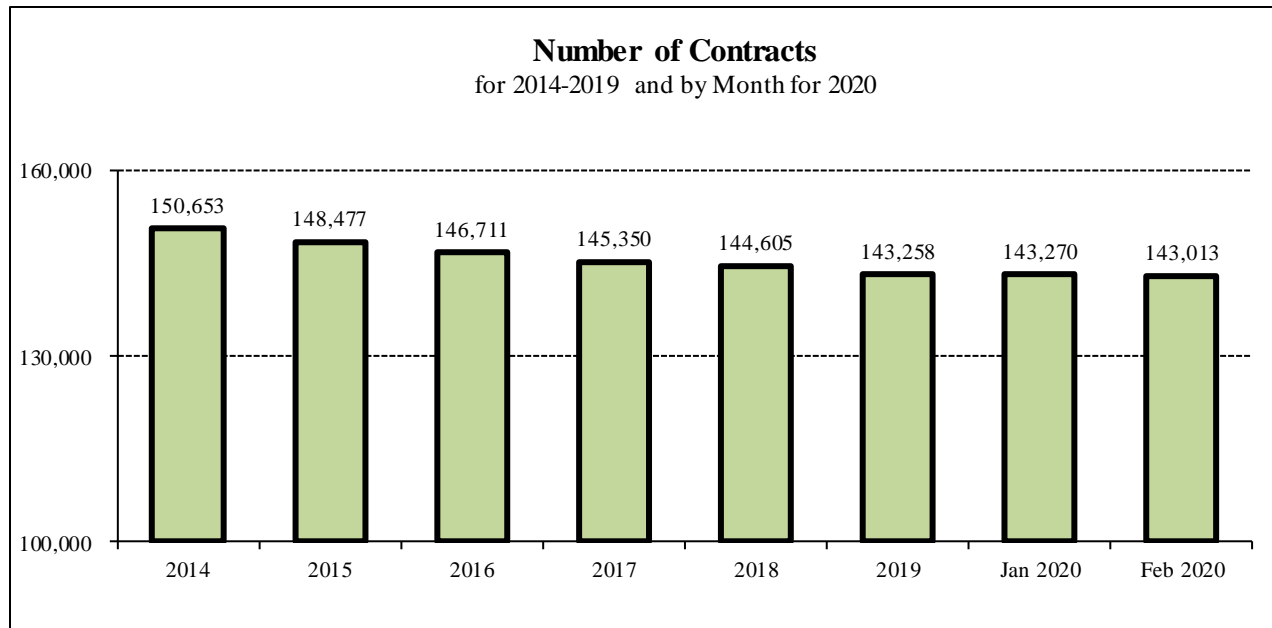
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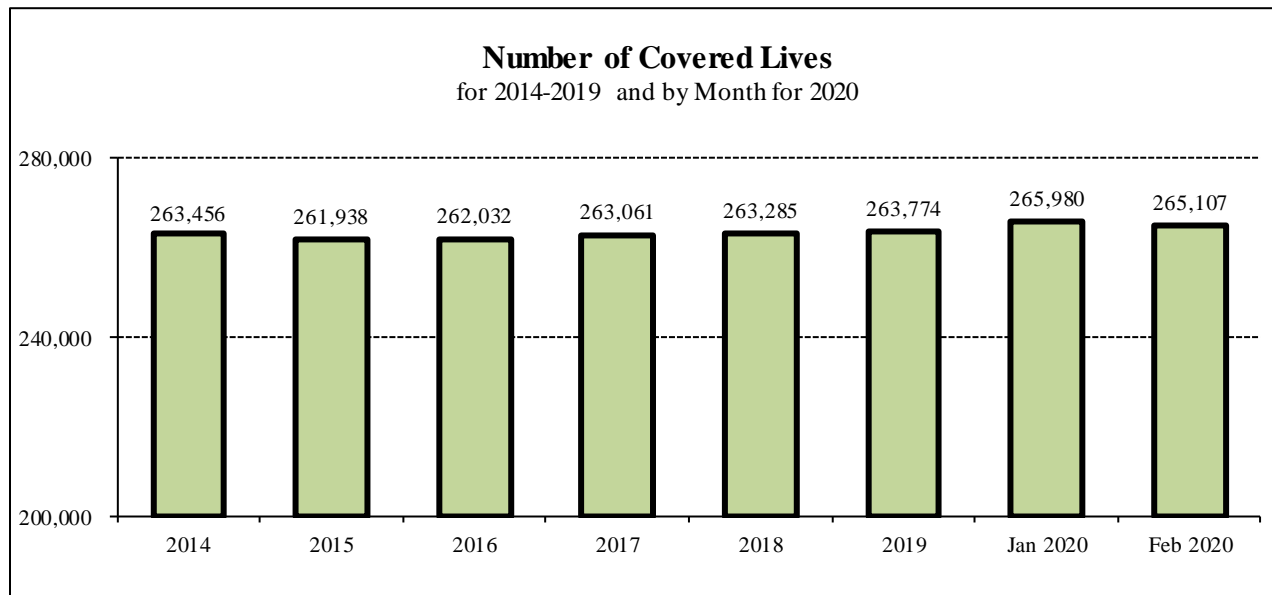
*Paid data as of: February 2020*  
*Incurred data as of: November 2019*

## **Enrollment**

The following chart shows planholder enrollment (contracts) for 2014-2019 and monthly year-to-date for 2020. Enrollment will fluctuate on a monthly basis. (Approximately 7,100 Cross-Reference spouses in any given month are not included.)

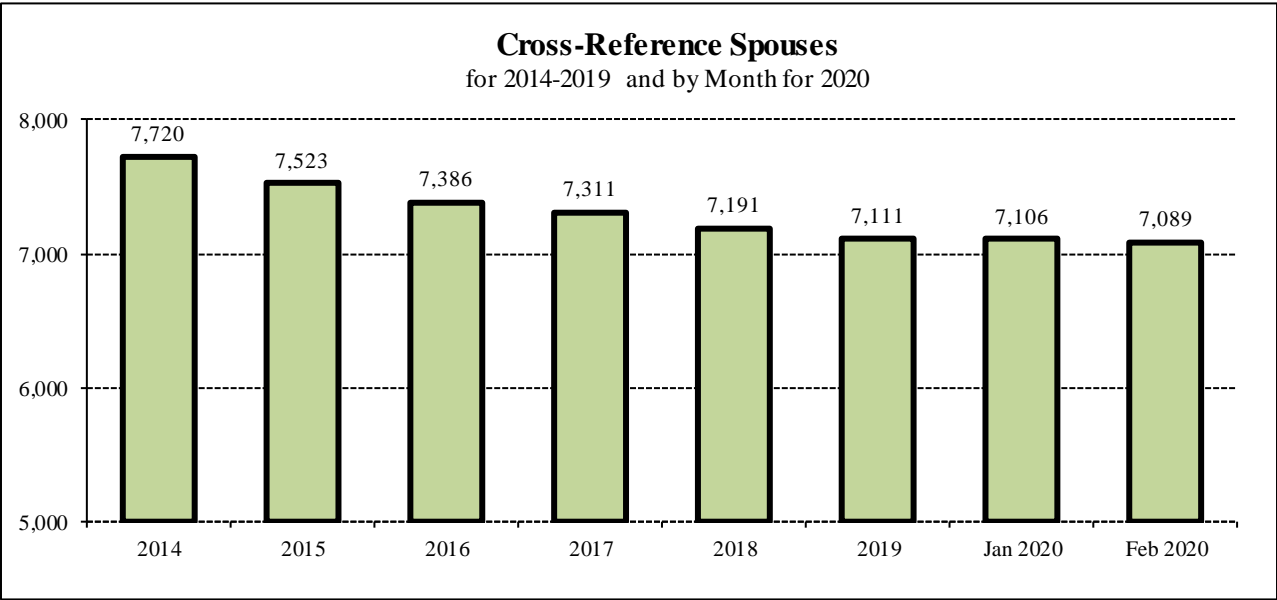


The following chart shows member enrollment (covered lives) for 2014-2019 and monthly year-to-date for 2020. Enrollment will fluctuate on a monthly basis.



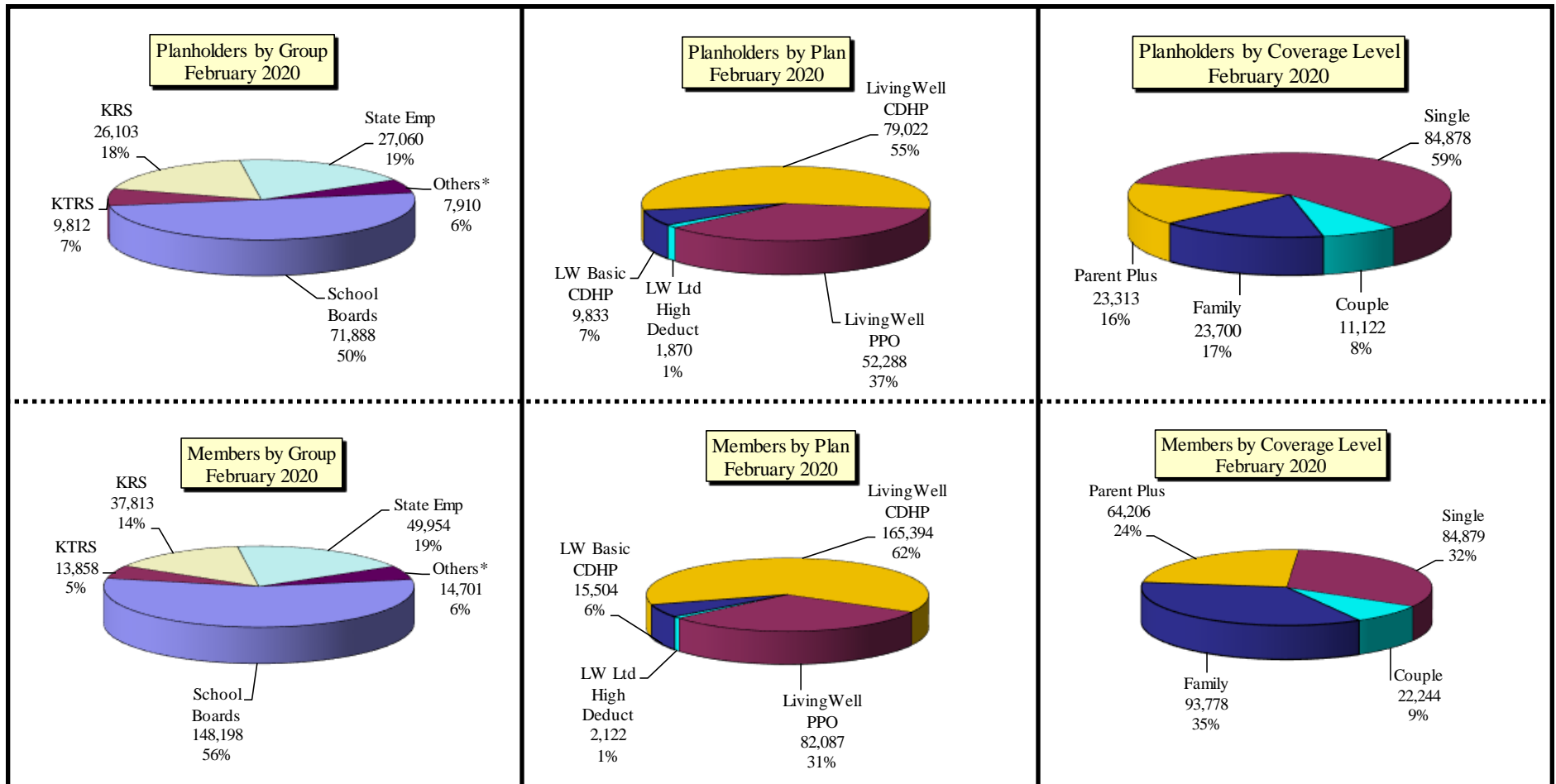
**Enrollment** *(continued)*

The following graph shows the number of Cross-Reference Spouses for 2014-2019 and monthly year-to-date for 2020. The number of Cross-Reference Spouses will fluctuate on a monthly basis.



## **Enrollment** *(continued)*

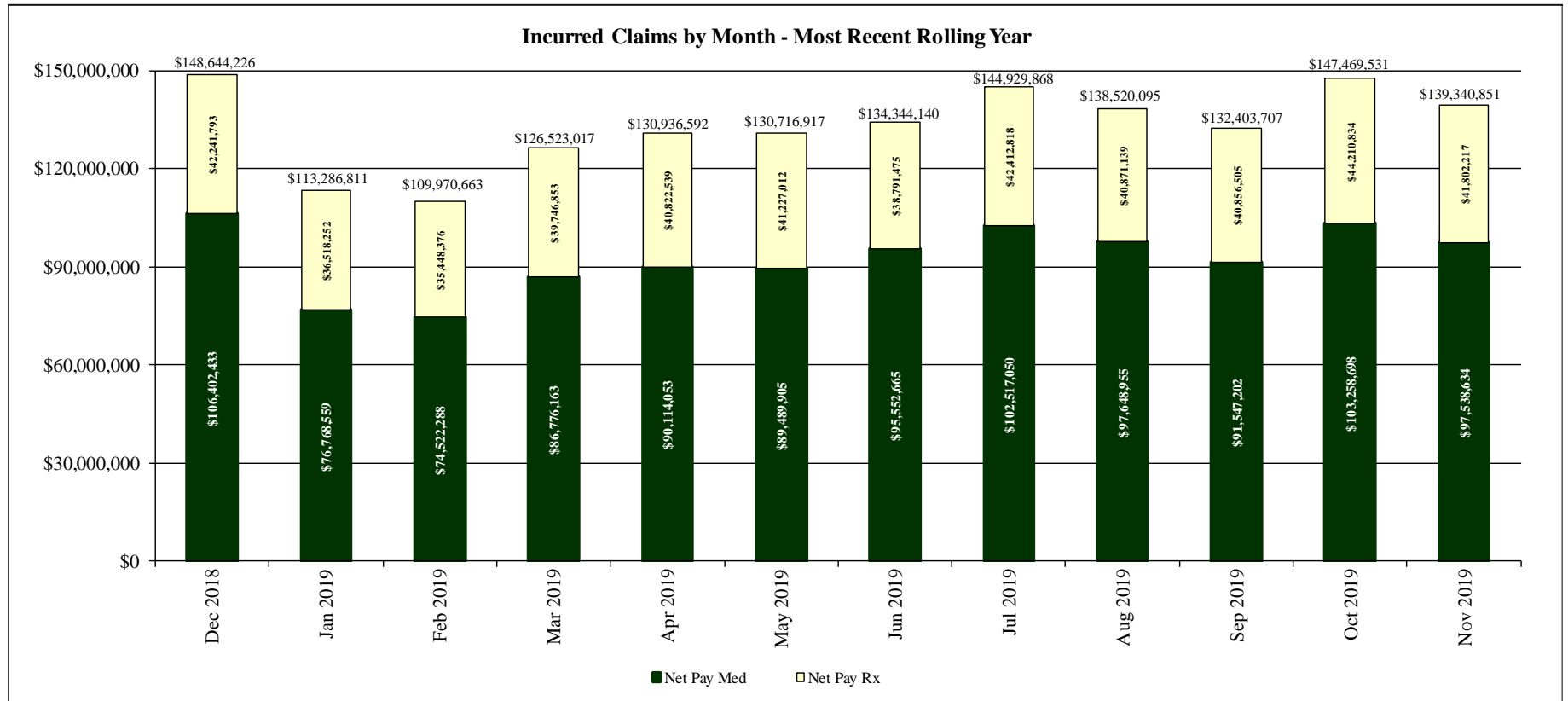
The following charts show Planholder and Member enrollment by Group, Health Plan, and Coverage Level.



\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

## Claims Costs

Claims costs include Incurred Medical and Pharmacy (Rx) Claims Cost for the most recent rolling year.



## **Claims Costs** *(continued)*

The following table represents Incurred Medical Claims by Group for 2014-2018 and monthly year-to-date for 2019.

<b>INCURRED MEDICAL CLAIMS BY GROUP</b>						
<b>Time Period</b>	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others*</b>	<b>Totals</b>
2014	\$465,112,511	\$121,029,097	\$216,483,334	\$202,992,249	\$80,366,825	\$1,085,984,016
2015	\$406,274,265	\$100,740,841	\$189,171,718	\$159,515,036	\$62,699,633	\$918,401,495
2016	\$435,740,756	\$101,146,437	\$194,916,035	\$172,375,342	\$59,493,914	\$963,672,484
2017	\$454,735,619	\$95,500,124	\$197,410,213	\$177,220,697	\$61,071,381	\$985,938,034
2018	\$482,663,716	\$99,758,033	\$212,496,575	\$186,451,816	\$65,095,110	\$1,046,465,250
Jan 2019	\$35,703,491	\$7,229,739	\$16,419,609	\$13,278,289	\$4,137,432	\$76,768,559
Feb 2019	\$35,507,560	\$6,381,437	\$15,112,625	\$13,003,129	\$4,517,536	\$74,522,288
Mar 2019	\$38,763,678	\$8,561,693	\$17,811,107	\$15,730,361	\$5,909,324	\$86,776,163
Apr 2019	\$42,778,795	\$7,800,267	\$17,428,602	\$16,910,072	\$5,196,317	\$90,114,053
May 2019	\$41,419,600	\$8,197,274	\$17,174,830	\$16,742,716	\$5,955,485	\$89,489,905
Jun 2019	\$48,714,587	\$7,675,572	\$17,605,695	\$15,473,986	\$6,082,825	\$95,552,665
Jul 2019	\$51,682,598	\$9,015,860	\$19,236,923	\$17,119,998	\$5,461,670	\$102,517,050
Aug 2019	\$43,466,611	\$10,056,064	\$19,702,443	\$17,629,809	\$6,794,027	\$97,648,955
Sep 2019	\$40,251,987	\$8,478,732	\$19,828,548	\$16,192,260	\$6,795,675	\$91,547,202
Oct 2019	\$48,476,000	\$9,702,570	\$20,514,759	\$18,226,665	\$6,338,703	\$103,258,698
Nov 2019	\$44,625,037	\$9,741,082	\$20,151,953	\$17,051,255	\$5,969,307	\$97,538,634

\* Others include COBRA, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).



### **Claims Costs** *(continued)*

The following table represents Incurred Pharmacy Claims by Group for 2014-2018 and monthly year-to-date for 2019.

<b>INCURRED RX CLAIMS BY GROUP</b>						
<b>Time Period</b>	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others*</b>	<b>Totals</b>
2014	\$131,098,426	\$43,053,078	\$73,830,755	\$55,751,835	\$20,884,223	\$324,618,317
2015	\$128,985,096	\$42,244,335	\$74,179,491	\$56,345,078	\$21,644,747	\$323,398,746
2016	\$150,206,049	\$44,006,471	\$82,345,637	\$62,097,368	\$23,887,655	\$362,543,182
2017	\$169,444,997	\$46,569,441	\$89,294,935	\$68,690,958	\$25,682,183	\$399,682,515
2018	\$188,840,345	\$48,500,717	\$98,906,347	\$74,042,882	\$28,072,891	\$438,363,181
Jan 2019	\$15,419,082	\$3,885,046	\$8,823,514	\$6,097,746	\$2,292,863	\$36,518,252
Feb 2019	\$14,661,950	\$3,709,625	\$8,316,586	\$6,328,047	\$2,432,167	\$35,448,376
Mar 2019	\$17,109,813	\$4,152,143	\$8,900,943	\$6,934,802	\$2,649,153	\$39,746,853
Apr 2019	\$17,405,276	\$4,129,831	\$9,403,062	\$7,239,578	\$2,644,792	\$40,822,539
May 2019	\$18,345,823	\$4,107,414	\$9,049,615	\$7,125,917	\$2,598,243	\$41,227,012
Jun 2019	\$17,306,681	\$3,855,953	\$8,646,321	\$6,441,976	\$2,540,544	\$38,791,475
Jul 2019	\$18,234,131	\$4,493,791	\$9,778,801	\$7,295,225	\$2,610,870	\$42,412,818
Aug 2019	\$18,095,809	\$4,408,085	\$8,953,761	\$6,761,171	\$2,652,314	\$40,871,139
Sep 2019	\$17,559,850	\$4,346,773	\$9,460,247	\$6,693,059	\$2,796,577	\$40,856,505
Oct 2019	\$19,518,728	\$4,404,460	\$9,911,464	\$7,613,200	\$2,762,981	\$44,210,834
Nov 2019	\$18,704,181	\$4,139,519	\$8,960,422	\$7,237,552	\$2,760,544	\$41,802,217

*\* Others include COBRA, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).*

**Claims Costs** *(continued)*

The following table represents Incurred Medical Claims by Health Plan for 2014-2018 and monthly year-to-date for 2019.

INCURRED MEDICAL CLAIMS BY PLAN								
Time Period	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	LivingWell Basic CDHP	LW Limited High Deductible	Missing*	Total
2014	\$57,385,008	\$46,095,825	\$598,724,084	\$375,470,631	\$0	\$0	\$8,215,648	\$1,085,986,030
2015	\$44,667,793	\$42,933,513	\$448,976,661	\$376,288,350	\$0	\$0	\$8,215,648	\$921,081,965
2016	\$53,523,467	\$48,589,204	\$446,510,072	\$408,115,361	\$0	\$0	\$6,842,661	\$963,580,765
2017	\$66,768,610	\$30,671,252	\$411,553,355	\$471,689,192	\$11,960	\$0	\$5,243,665	\$985,938,034
2018	\$85,497,465	\$26,888,703	\$407,432,953	\$522,018,384	\$220,394	\$25,858	\$4,381,494	\$1,046,465,250
Jan 2019	\$8,176	\$1,393	\$33,915,453	\$39,452,916	\$1,587,848	\$1,567,856	\$234,917	\$76,768,559
Feb 2019	\$0	\$0	\$28,932,174	\$42,870,207	\$1,438,269	\$800,267	\$481,371	\$74,522,288
Mar 2019	\$0	\$0	\$34,170,025	\$48,766,511	\$2,212,909	\$1,245,801	\$380,917	\$86,776,163
Apr 2019	\$0	\$0	\$34,995,939	\$51,239,716	\$1,919,835	\$1,480,300	\$478,263	\$90,114,053
May 2019	\$0	\$0	\$34,255,264	\$51,495,234	\$2,415,650	\$932,124	\$391,633	\$89,489,905
Jun 2019	\$0	\$0	\$37,076,925	\$54,564,550	\$2,648,969	\$964,182	\$298,039	\$95,552,665
Jul 2019	\$0	\$0	\$41,106,772	\$57,768,852	\$2,420,430	\$868,429	\$352,566	\$102,517,050
Aug 2019	\$0	\$0	\$38,317,270	\$55,089,980	\$2,575,722	\$1,121,576	\$544,407	\$97,648,955
Sep 2019	\$0	\$0	\$36,840,039	\$49,700,408	\$3,473,429	\$1,189,140	\$344,186	\$91,547,202
Oct 2019	\$0	\$0	\$38,863,993	\$60,010,194	\$2,983,571	\$1,100,566	\$300,372	\$103,258,698
Nov 2019	\$0	\$0	\$37,310,672	\$56,464,266	\$2,693,163	\$986,149	\$84,385	\$97,538,634

\* Missing means the claims could not be tagged to a specific Health Plan.

**Claims Costs** *(continued)*

The following table represents Incurred Pharmacy Claims by Health Plan for 2014-2018 and monthly year-to-date for 2019.

INCURRED RX CLAIMS BY PLAN								
Time Period	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	LivingWell Basic CDHP	LW Limited High Deductible	Missing**	Total
2014	\$17,730,754	\$5,829,739	\$217,764,345	\$82,940,511	\$0	\$0	\$352,968	\$324,618,317
2015	\$16,014,926	\$6,904,578	\$201,586,203	\$98,816,804	\$0	\$0	\$76,235	\$323,398,746
2016	\$19,014,651	\$7,491,440	\$216,158,709	\$119,656,922	\$0	\$0	\$210,122	\$362,531,844
2017	\$22,802,026	\$4,760,588	\$217,238,951	\$154,799,254	\$0	\$5	\$81,691	\$399,682,515
2018	\$32,794,337	\$5,127,707	\$220,289,322	\$180,095,841	\$0	\$0	\$55,976	\$438,363,181
Jan 2019	\$36,700	\$333	\$20,799,086	\$15,050,069	\$364,982	\$246,857	\$20,224	\$36,518,252
Feb 2019	\$0	\$0	\$20,038,798	\$14,777,043	\$400,860	\$229,173	\$2,502	\$35,448,376
Mar 2019	\$0	\$0	\$21,248,484	\$17,765,033	\$499,850	\$228,804	\$4,682	\$39,746,853
Apr 2019	\$0	\$0	\$21,342,439	\$18,619,495	\$530,097	\$239,995	\$90,513	\$40,822,539
May 2019	\$0	\$0	\$21,245,428	\$19,170,647	\$505,690	\$273,133	\$32,115	\$41,227,012
Jun 2019	\$0	\$0	\$19,796,879	\$18,341,464	\$407,445	\$215,208	\$30,479	\$38,791,475
Jul 2019	\$0	\$0	\$21,298,640	\$20,402,513	\$416,752	\$288,582	\$6,331	\$42,412,818
Aug 2019	\$0	\$0	\$20,444,674	\$19,768,506	\$398,459	\$243,013	\$16,487	\$40,871,139
Sep 2019	\$0	\$0	\$20,106,840	\$20,026,087	\$477,129	\$235,420	\$11,029	\$40,856,505
Oct 2019	\$0	\$0	\$21,333,304	\$22,001,198	\$572,659	\$289,617	\$14,054	\$44,210,834
Nov 2019	\$0	\$0	\$20,318,328	\$20,713,145	\$448,907	\$299,505	\$22,332	\$41,802,217

*\*\*Missing means the claims could not be tagged to a specific Health Plan.*

**Claims Costs** *(continued)*

The following represents Incurred Medical Claims by Coverage Level for 2014-2018 and monthly year-to-date for 2019.

<b>INCURRED MEDICAL CLAIMS BY COVERAGE LEVEL</b>						
<b>Time Period</b>	<b>Couple</b>	<b>Family</b>	<b>Parent Plus</b>	<b>Single</b>	<b>Unknown*</b>	<b>Total</b>
2014	\$131,271,014	\$239,094,807	\$182,552,523	\$524,850,024	\$8,215,648	\$1,085,984,016
2015	\$113,343,648	\$214,227,846	\$156,724,117	\$428,570,705	\$5,535,178	\$918,401,495
2016	\$115,908,780	\$234,298,626	\$158,406,884	\$450,029,689	\$5,028,505	\$963,672,484
2017	\$125,059,188	\$253,281,084	\$160,007,805	\$442,346,292	\$5,243,665	\$985,938,034
2018	\$134,688,149	\$270,008,879	\$170,191,457	\$467,195,271	\$4,381,494	\$1,046,465,250
Jan 2019	\$9,952,681	\$18,617,599	\$13,533,985	\$34,429,377	\$234,917	\$76,768,559
Feb 2019	\$9,262,262	\$20,811,958	\$12,038,252	\$31,928,445	\$481,371	\$74,522,288
Mar 2019	\$10,789,313	\$23,094,018	\$14,071,237	\$38,440,678	\$380,917	\$86,776,163
Apr 2019	\$12,171,434	\$23,437,395	\$13,887,301	\$40,139,660	\$478,263	\$90,114,053
May 2019	\$11,764,781	\$23,131,819	\$15,205,385	\$38,996,287	\$391,633	\$89,489,905
Jun 2019	\$12,036,543	\$24,223,048	\$16,736,732	\$42,258,302	\$298,039	\$95,552,665
Jul 2019	\$11,918,114	\$28,468,134	\$18,112,120	\$43,666,117	\$352,566	\$102,517,050
Aug 2019	\$13,089,033	\$26,828,969	\$15,682,129	\$41,504,418	\$544,407	\$97,648,955
Sep 2019	\$11,990,977	\$23,670,231	\$15,299,141	\$40,242,667	\$344,186	\$91,547,202
Oct 2019	\$13,155,465	\$26,946,265	\$17,830,908	\$45,025,688	\$300,372	\$103,258,698
Nov 2019	\$12,462,375	\$25,488,184	\$15,922,838	\$43,580,853	\$84,385	\$97,538,634

*\*Unable to tag claims to a specific coverage level*

## **Claims Costs** *(continued)*

The following represents Incurred Pharmacy Claims by Coverage Level for 2014-2018 and monthly year-to-date for 2019.

<b>INCURRED RX CLAIMS BY COVERAGE LEVEL</b>						
<b>Time Period</b>	<b>Couple</b>	<b>Family</b>	<b>Parent Plus</b>	<b>Single</b>	<b>Unknown*</b>	<b>Total</b>
2014	\$45,477,497	\$67,741,378	\$45,635,023	\$165,451,246	\$313,173	\$324,618,317
2015	\$42,957,491	\$68,806,053	\$45,211,695	\$166,347,272	\$76,235	\$323,398,746
2016	\$48,058,582	\$80,398,062	\$49,757,539	\$184,153,799	\$175,199	\$362,543,182
2017	\$52,795,916	\$92,113,819	\$55,350,847	\$199,340,241	\$81,691	\$399,682,515
2018	\$55,659,936	\$104,421,748	\$60,724,911	\$217,500,611	\$55,976	\$438,363,181
Jan 2019	\$4,593,928	\$8,508,687	\$5,179,259	\$18,216,153	\$20,224	\$36,518,252
Feb 2019	\$4,629,595	\$7,965,894	\$4,880,125	\$17,970,259	\$2,502	\$35,448,376
Mar 2019	\$5,334,672	\$9,668,186	\$5,544,584	\$19,194,730	\$4,682	\$39,746,853
Apr 2019	\$5,278,274	\$9,435,035	\$5,934,578	\$20,084,139	\$90,513	\$40,822,539
May 2019	\$5,403,516	\$10,030,784	\$5,745,299	\$20,015,298	\$32,115	\$41,227,012
Jun 2019	\$5,309,592	\$9,269,765	\$5,554,464	\$18,627,175	\$30,479	\$38,791,475
Jul 2019	\$5,684,410	\$10,046,146	\$6,127,486	\$20,548,445	\$6,331	\$42,412,818
Aug 2019	\$5,091,689	\$10,488,398	\$5,796,439	\$19,478,126	\$16,487	\$40,871,139
Sep 2019	\$5,421,219	\$9,865,081	\$5,909,819	\$19,649,357	\$11,029	\$40,856,505
Oct 2019	\$5,905,232	\$10,907,698	\$6,540,827	\$20,843,022	\$14,054	\$44,210,834
Nov 2019	\$5,226,250	\$10,709,089	\$6,217,700	\$19,626,846	\$22,332	\$41,802,217

*\*Unable to tag claims to a specific coverage level*

## Medical Claims Utilization

The following is based on Incurred Medical Claims\* from Jan-Nov 2019.

Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt SGovt	% Diff from Rcnt SGovt	Days LOS per Admit Acute	Days LOS per Admit Acute Rcnt SGovt	% Diff from Rcnt SGovt	Days Per 1000 Admits Acute	Days Per 1000 Admits Acute Rcnt SGovt	% Diff from Rcnt SGovt
LivingWell CDHP	57.62	55.94	3.00%	4.30	4.28	0.30%	247.55	248.02	-0.19%
LivingWell PPO	67.03	58.40	14.77%	4.58	4.63	-1.18%	306.89	270.24	13.56%
LivingWell Basic CDHP	36.06	54.33	-33.63%	4.44	4.17	6.46%	160.02	235.34	-32.01%
LW Limited High Deductible	73.58	61.17	20.30%	6.60	6.10	8.21%	485.65	278.41	74.44%
Average	59.66	56.71	5.21%	4.44	4.44	0.13%	264.99	254.82	3.99%

Plan	Visits Per 1000 Office	Visits Per 1000 Office Rcnt US	% Diff from Rcnt US	Visits Per 1000 ER	Visits Per 1000 ER Rcnt US	% Diff from Rcnt US
LivingWell CDHP	8,168.42	6,771.43	17.10%	187.72	226.86	-20.85%
LivingWell PPO	9,654.28	7,518.81	22.12%	213.82	229.83	-7.49%
LivingWell Basic CDHP	4,918.24	6,564.39	22.01%	162.92	228.26	-16.22%
LW Limited High Deductible	4,814.42	7,237.15	-50.32%	311.11	233.46	24.96%
Average	8,416.85	7,004.07	16.79%	196.40	227.97	-16.07%

### Notes:

Rcnt SGovt—Recent State Government

Rcnt US—Recent US

LOS—Length of Stay

OP—Outpatient

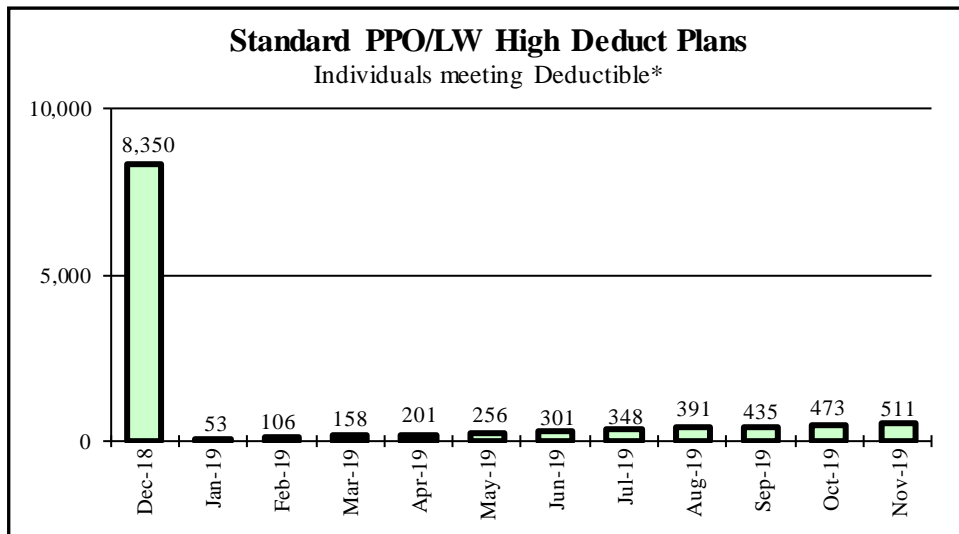
OP Rad—Outpatient Radiology

Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcnt US	% Diff from Rcnt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcnt US	%Diff from Rcnt US
LivingWell CDHP	8,580.56	7,982.70	7.49%	2,284.74	1,918.62	19.08%
LivingWell PPO	11,231.07	9,192.11	22.18%	3,017.43	2,387.63	26.38%
LivingWell Basic CDHP	5,796.56	8,031.98	-27.83%	1,531.29	1,874.39	-18.30%
LW Limited High Deductible	7,904.05	9,432.07	-16.20%	2,083.89	2,235.36	-6.78%
Average	9,261.90	8,389.78	10.39%	2,473.71	2,069.60	19.53%

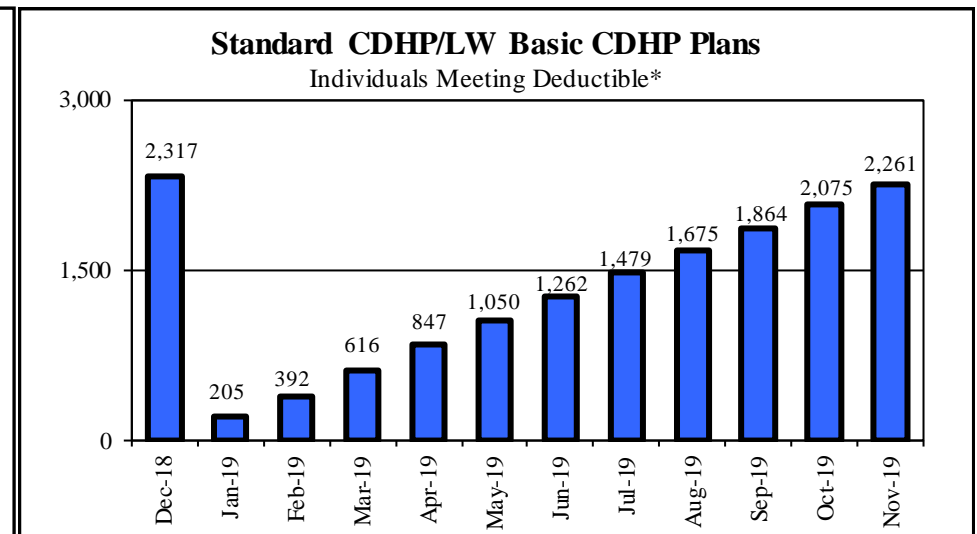
\*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

## Analysis of Individuals and Families Meeting Their Deductibles

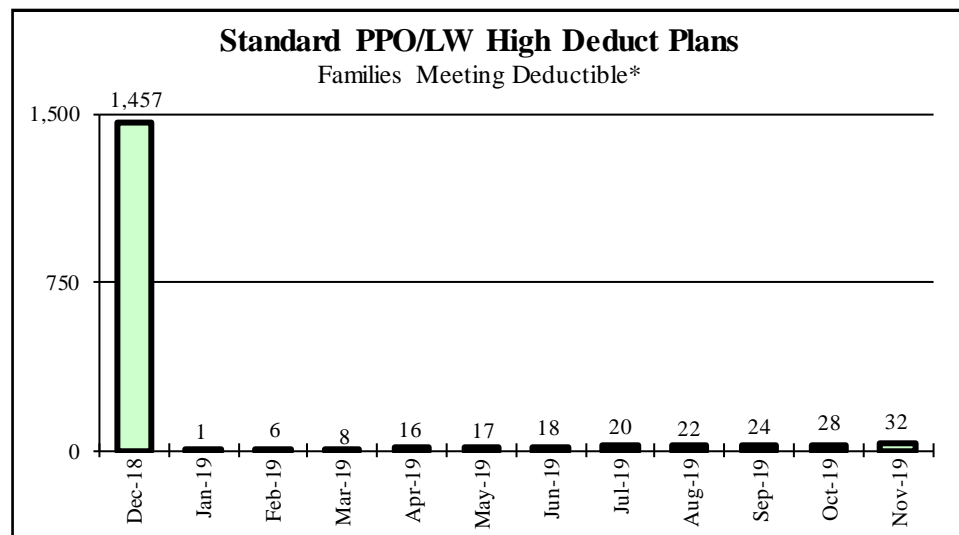
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



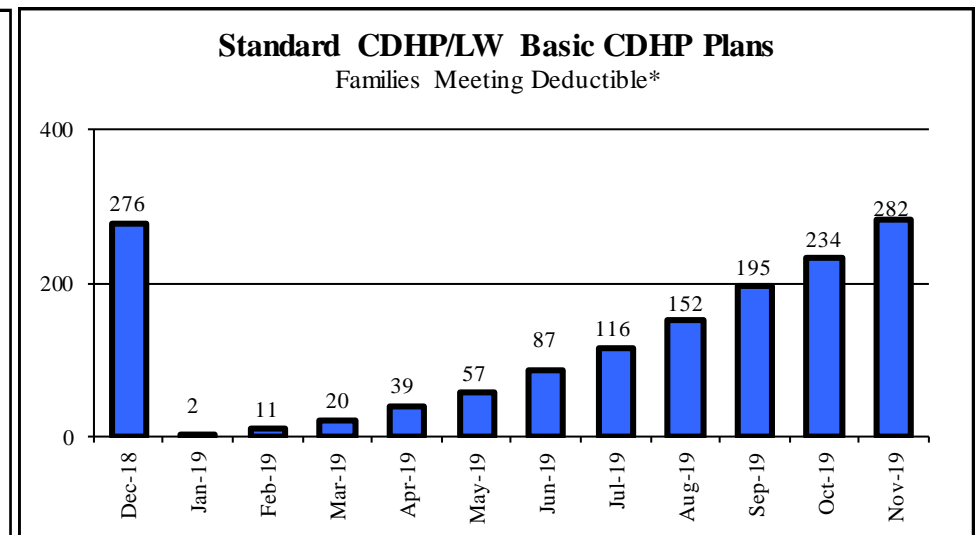
\* 2018 Standard PPO Individual Deductible is \$750; LW High Deduct Individual Deductible is \$4,000



\* 2018 Standard CDHP Individual Deductible is \$1,750; 2019 LW Basic Individual Deductible is \$1,750



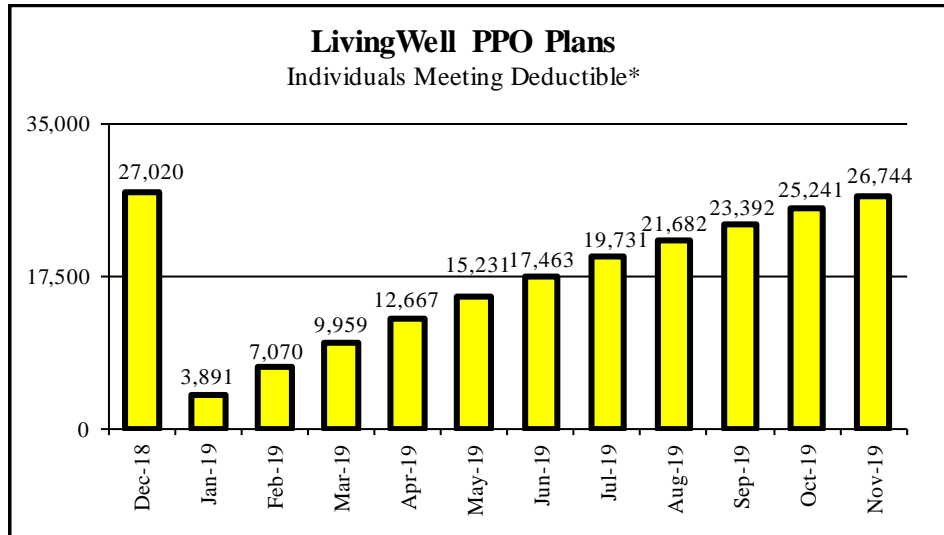
\* 2018 Standard PPO Family Deductible is \$1,500; LW High Deduct Family Deductible is \$8,000



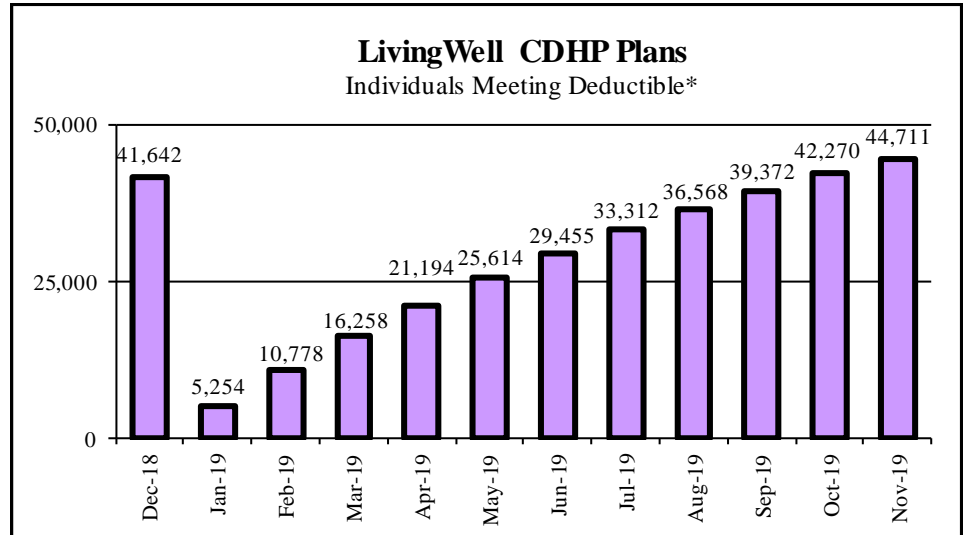
\* 2018 Standard CDHP Family Deductible is \$3,500; 2019 LW Basic Family Deductible is \$3,500

## **Analysis of Individuals and Families Meeting Their Deductibles** *(continued)*

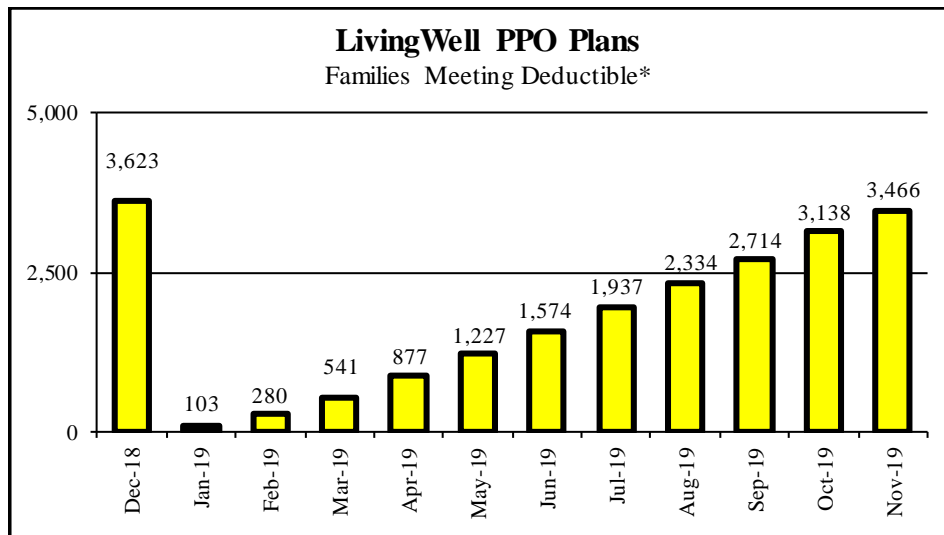
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



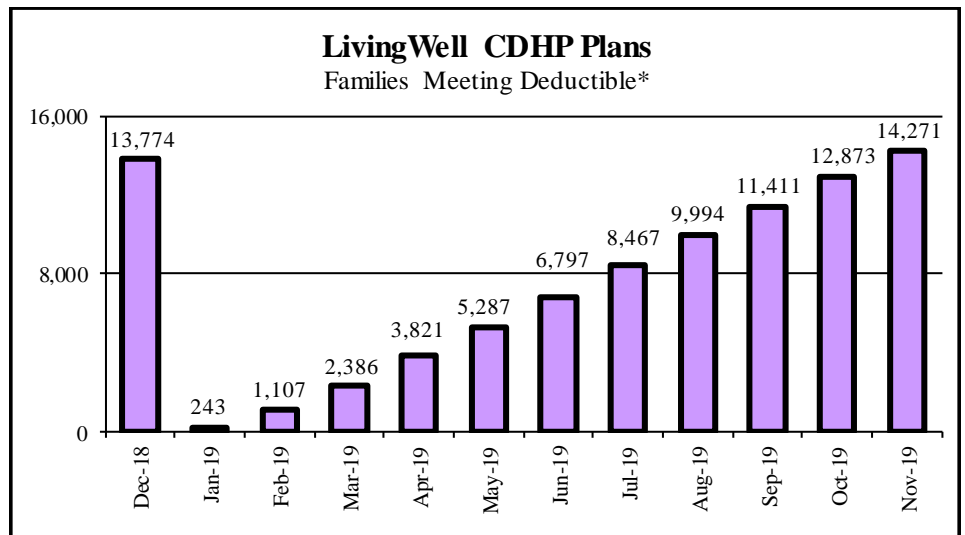
\*2018 and 2019 Individual Deductible is \$750



\* 2018 and 2019 Individual Deductible is \$1,250



\* 2018 and 2019 Family Deductible is \$1,500

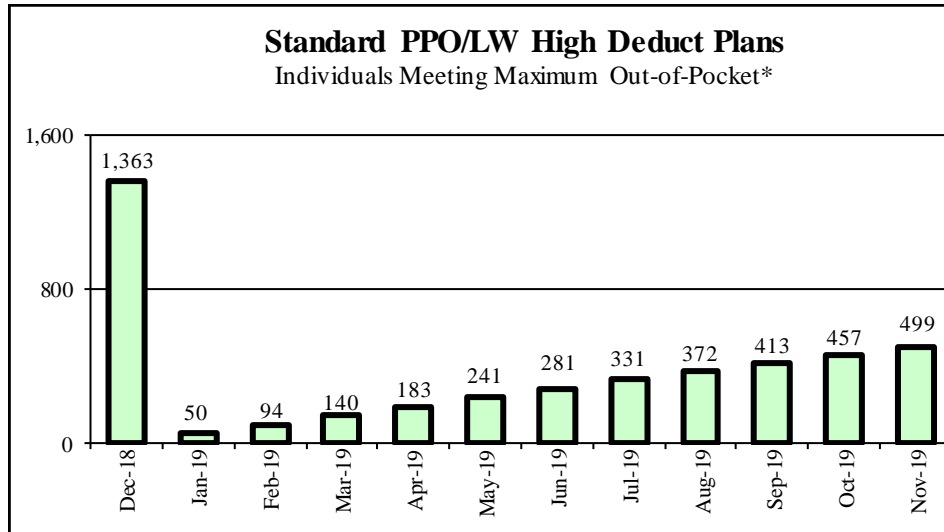


\* 2018 and 2019 Family Deductible is \$2,500

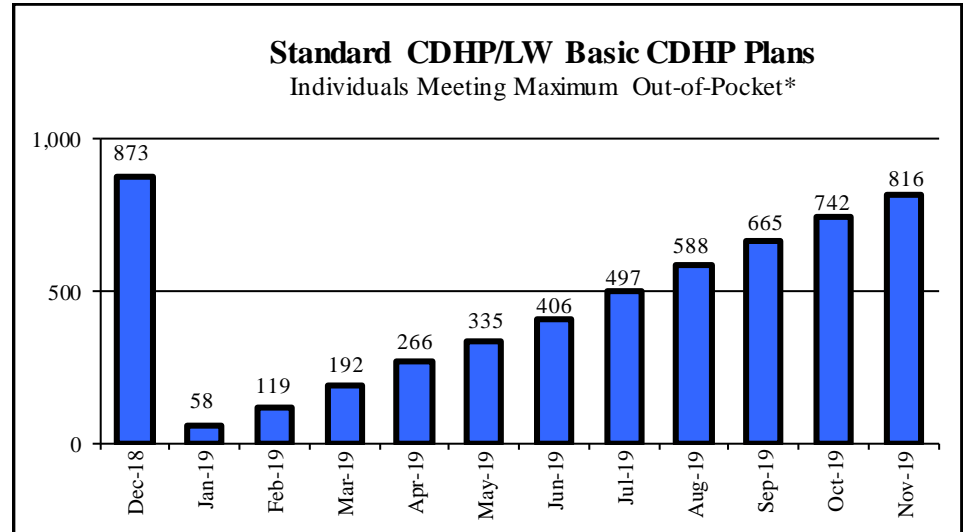


## Analysis of Individuals and Families Meeting Their Maximum Out-of-Pocket Expenses

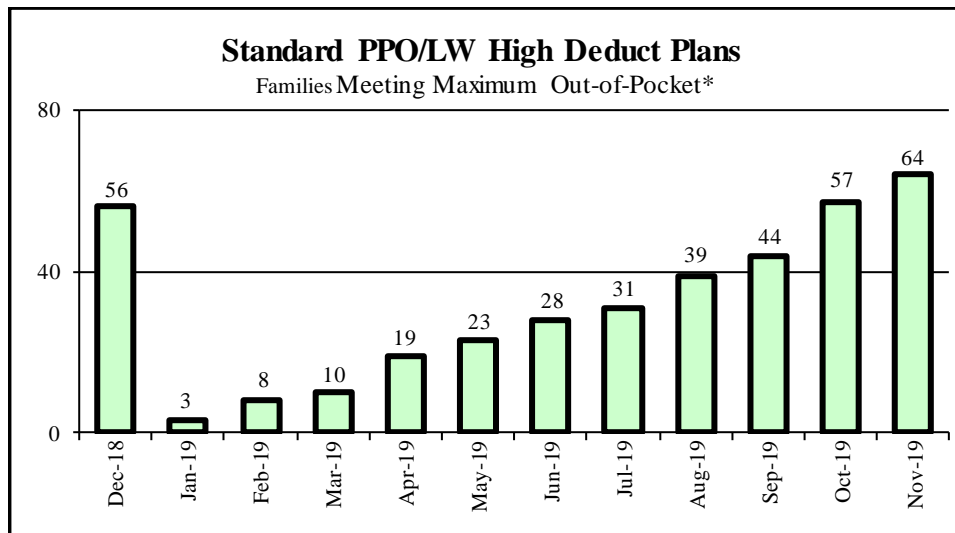
The following details the number of individuals and families by Health Plan that met their maximum out-of-pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



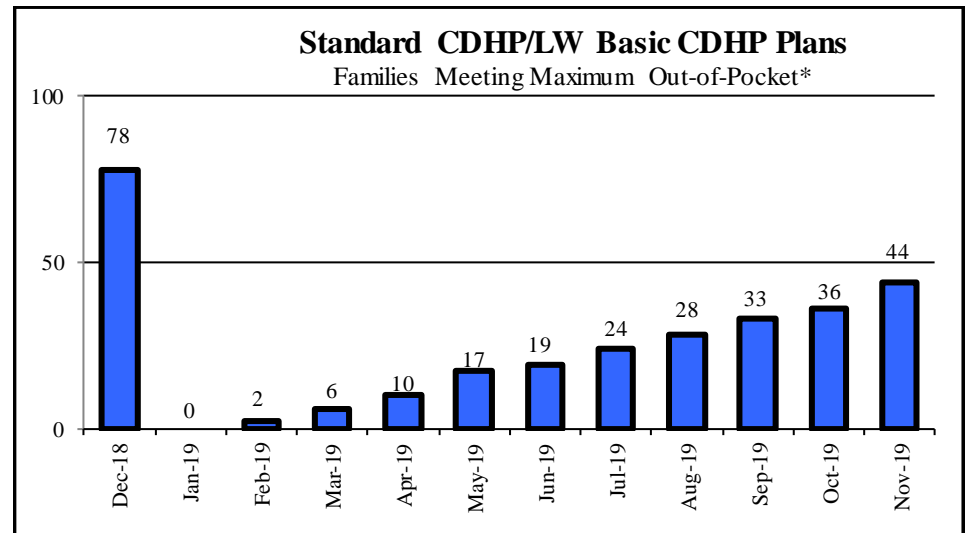
\* 2018 Standard PPO Individual MOOP is \$3,750; 2019 LW High Deduct Individual MOOP is \$5,000



\* 2018 Standard CDHP Individual MOOP is \$3,750; 2019 LW Basic CDHP Individual MOOP is \$3,750



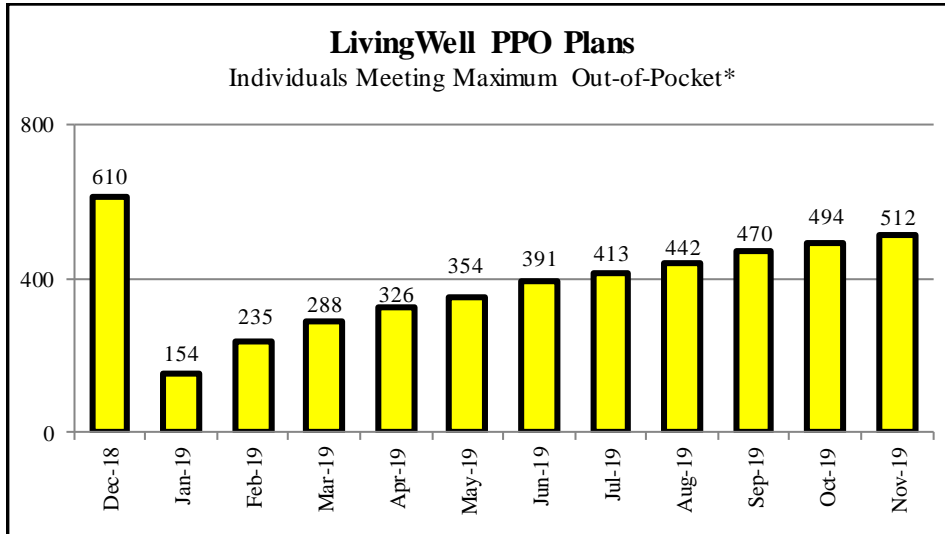
\* 2018 Standard PPO Family MOOP is \$7,500; 2019 LW High Deduct Family MOOP is \$10,000



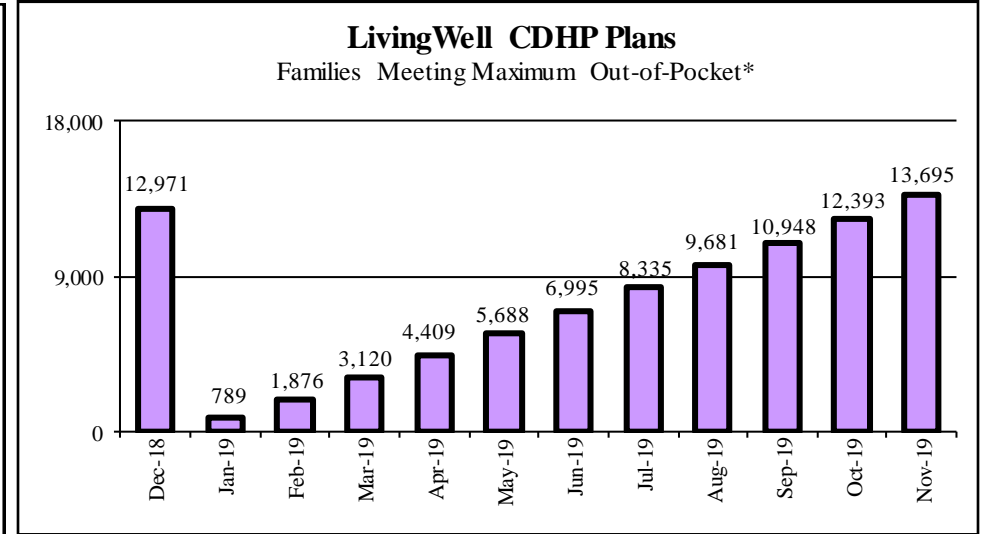
\* 2018 Standard CDHP Family MOOP is \$7,500; 2019 LW Basic CDHP Family MOOP is \$7,500

## **Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses** *(continued)*

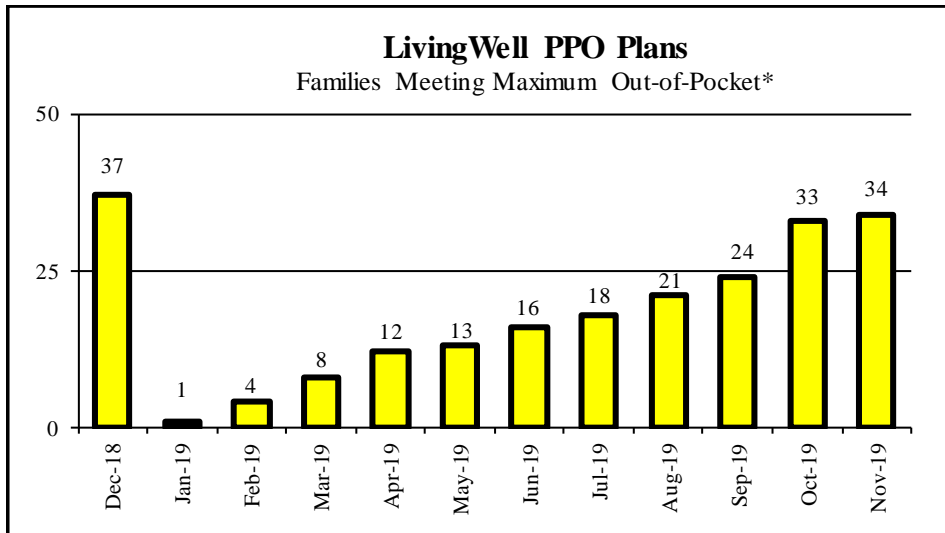
The following details the number of individuals and families by Health Plan that met their maximum out of pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



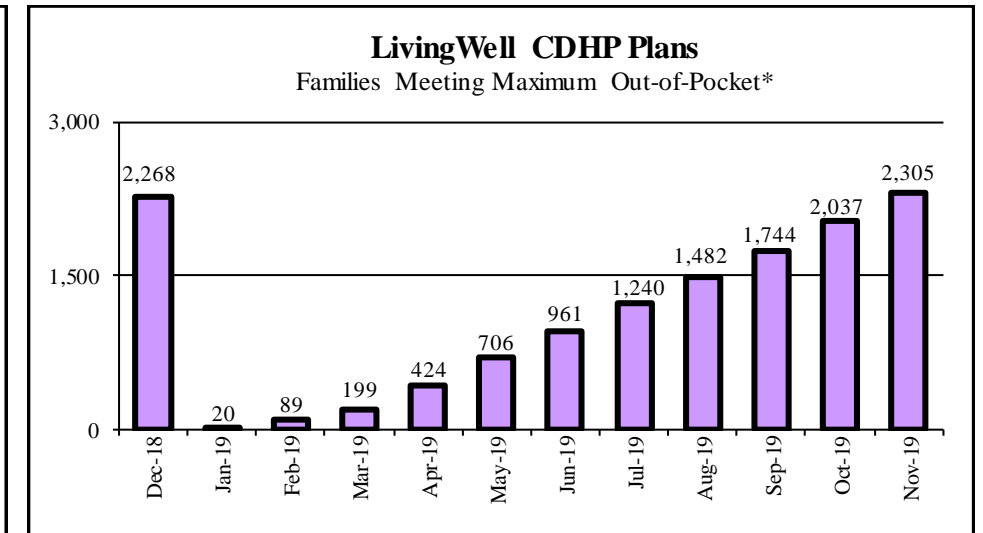
\* 2018 and 2019 Individual Maximum Out of Pocket is \$2,750



\* 2017 and 2018 Individual Maximum Out of Pocket is \$2,750



\* 2018 and 2019 Family Maximum Out of Pocket is \$5,500



\* 2017 and 2018 Family Maximum Out of Pocket is \$5,500

## **Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out-of-Pocket Expenses**

The following details the number of individuals and families by Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2014-2019. This report is based on Incurred Medical and Pharmacy claims.

<b>Individuals and Families in Standard PPO (2014—2018) and LW High Deduct (2019-Present)</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting Deductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting Deductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2014	Standard PPO	\$750	<b>34.91%</b>	\$3,500	<b>6.82%</b>	\$1,500	<b>10.68%</b>	\$7,000	<b>0.82%</b>
2015	Standard PPO	\$750	<b>33.28%</b>	\$3,500	<b>5.31%</b>	\$1,500	<b>9.53%</b>	\$7,000	<b>0.30%</b>
2016	Standard PPO	\$750	<b>34.21%</b>	\$3,500	<b>5.85%</b>	\$1,500	<b>10.07%</b>	\$7,000	<b>0.39%</b>
2017	Standard PPO	\$750	<b>35.00%</b>	\$3,750	<b>6.95%</b>	\$1,500	<b>7.06%</b>	\$7,500	<b>0.30%</b>
2018	Standard PPO	\$750	<b>36.20%</b>	\$3,750	<b>10.40%</b>	\$1,500	<b>7.62%</b>	\$7,500	<b>0.29%</b>
2019	LW High Deduct	\$4,000	<b>12.71%</b>	\$5,000	<b>12.23%</b>	\$8,000	<b>0.60%</b>	\$10,000	<b>1.23%</b>

<b>Individuals and Families in Standard CDHP (2014—2018) and LW Basic CDHP (2019-Present)</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2014	Standard CDHP	\$1,750	<b>20.45%</b>	\$3,500	<b>7.38%</b>	\$3,500	<b>2.41%</b>	\$7,000	<b>0.47%</b>
2015	Standard CDHP	\$1,750	<b>18.67%</b>	\$3,500	<b>6.90%</b>	\$3,500	<b>1.88%</b>	\$7,000	<b>0.34%</b>
2016	Standard CDHP	\$1,750	<b>19.69%</b>	\$3,500	<b>7.96%</b>	\$3,500	<b>2.17%</b>	\$7,000	<b>0.47%</b>
2017	Standard CDHP	\$1,750	<b>16.92%</b>	\$3,750	<b>6.35%</b>	\$3,500	<b>2.38%</b>	\$7,500	<b>0.42%</b>
2018	Standard CDHP	\$1,750	<b>17.68%</b>	\$3,750	<b>6.66%</b>	\$3,500	<b>2.73%</b>	\$7,500	<b>0.77%</b>
2019	LW Basic CDHP	\$1,750	<b>15.80%</b>	\$3,750	<b>5.70%</b>	\$3,500	<b>2.71%</b>	\$7,500	<b>0.42%</b>

## **Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out-of-Pocket Expenses** *(continued)*

The following details the number of individuals and families by Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2014-2019. This report is based on Incurred Medical and Pharmacy claims.

<b>Individuals and Families in LivingWell PPO (2014—Present )</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2014	LivingWell PPO	\$500	11.85%	\$2,500	3.74%	\$1,000	4.70%	\$3,000	0.49%
2015	LivingWell PPO	\$500	34.97%	\$2,500	0.69%	\$1,000	7.88%	\$5,000	0.16%
2016	LivingWell PPO	\$500	35.87%	\$2,500	0.65%	\$1,000	7.87%	\$5,000	0.13%
2017	LivingWell PPO	\$750	32.00%	\$2,750	0.65%	\$1,500	6.38%	\$5,500	0.08%
2018	LivingWell PPO	\$750	32.74%	\$2,750	0.74%	\$1,500	6.38%	\$5,500	0.07%
2019	LivingWell PPO	\$750	31.94%	\$2,750	0.61%	\$1,500	5.97%	\$5,500	0.06%

<b>Individuals and Families in LivingWell CDHP (2014— Present)</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2014	LivingWell CDHP	\$1,250	29.04%	\$2,500	8.89%	\$2,500	17.39%	\$5,000	2.24%
2015	LivingWell CDHP	\$1,250	29.30%	\$2,500	8.61%	\$2,500	17.55%	\$5,000	1.89%
2016	LivingWell CDHP	\$1,250	28.69%	\$2,500	9.17%	\$2,500	17.90%	\$5,000	2.35%
2017	LivingWell CDHP	\$1,250	28.23%	\$2,750	8.51%	\$2,500	17.56%	\$5,500	2.59%
2018	LivingWell CDHP	\$1,250	28.80%	\$2,750	8.97%	\$2,500	18.48%	\$5,500	3.04%
2019	LivingWell CDHP	\$1,250	27.61%	\$2,750	8.46%	\$2,500	16.89%	\$5,500	2.73%

## **Premium**

The following details the amount of premium\* paid by the employee and employer for 2014-2019 and monthly through 2020.

<b>Time Period</b>	<b>Employee Premium Amount</b>	<b>Employer Premium Amount</b>	<b>Total Premium Amount</b>
2014	\$265,431,508	\$1,348,631,926	\$1,614,063,434
2015	\$256,371,746	\$1,362,686,924	\$1,619,058,670
2016	\$254,661,768	\$1,380,830,820	\$1,635,492,588
2017	\$255,169,294	\$1,374,862,647	\$1,630,031,942
2018	\$262,595,375	\$1,384,164,265	\$1,646,759,641
2019	\$265,841,372	\$1,373,033,885	\$1,638,875,257
Jan 2020	\$23,238,148	\$114,593,946	\$137,832,095
Feb 2020	\$23,159,493	\$114,338,727	\$137,498,221

*\*Premium is based on enrollment using published premium rates—it is NOT based on actual payments received.*

### **Prescription Drug Utilization** *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency percentage for the most recent rolling year. Based on Paid Pharmacy Claims.

<b>Time Period: Paid Month</b>	<b>Generic</b>	<b>Brand Name, Generic Available</b>	<b>Brand Name</b>	<b>Other*</b>	<b>Total</b>	<b>Scripts Rx % Generic</b>	<b>Scripts Generic Efficiency Rx**</b>
Mar 2019	322,861	4,730	34,584	11,355	373,530	86.44%	98.56%
Apr 2019	307,560	4,858	34,307	11,454	358,179	85.87%	98.45%
May 2019	314,948	4,818	35,225	11,767	366,758	85.87%	98.49%
Jun 2019	286,786	4,430	32,512	10,836	334,564	85.72%	98.48%
Jul 2019	306,323	4,812	33,930	11,603	356,668	85.88%	98.45%
Aug 2019	299,207	4,659	32,894	11,746	348,506	85.85%	98.47%
Sep 2019	296,485	4,343	41,195	11,086	353,109	83.96%	98.56%
Oct 2019	314,902	4,451	57,867	11,894	389,114	80.93%	98.61%
Nov 2019	308,907	4,253	38,810	11,548	363,518	84.98%	98.64%
Dec 2019	343,345	4,710	36,911	12,908	397,874	86.29%	98.65%
Jan 2020	324,152	5,844	31,285	12,487	373,768	86.73%	98.23%
Feb 2020	302,564	5,590	27,709	11,450	347,313	87.12%	98.19%

*\*Other category includes: Over-the-Counter (usually items such as diabetic supplies, syringes, and test strips, etc.) and claims that were unable to be tagged to a specific group.*

*\*\*Generic Efficiency Rate means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.*

**Prescription Drug Utilization** *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Pharmacy Claims.

Time Period	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script**	Patient Cost Per Script***
Dec 2018	262,116	158,737	394,168	1.50	2.97	\$117.24	\$107.17	\$14.50	\$23.94
Jan 2019	265,184	164,119	386,930	1.46	2.88	\$115.53	\$94.38	\$30.39	\$49.10
Feb 2019	264,795	158,632	349,362	1.32	2.71	\$120.29	\$101.47	\$24.38	\$40.70
Mar 2019	265,692	159,700	374,335	1.41	2.85	\$123.02	\$106.18	\$23.17	\$38.55
Apr 2019	264,179	155,698	357,798	1.35	2.83	\$129.26	\$114.09	\$20.00	\$33.93
May 2019	264,144	155,567	364,690	1.38	2.86	\$126.22	\$113.05	\$17.53	\$29.77
Jun 2019	263,724	150,896	334,839	1.27	2.76	\$128.26	\$115.85	\$15.23	\$26.61
Jul 2019	262,851	156,169	355,693	1.35	2.88	\$131.34	\$119.24	\$15.83	\$26.64
Aug 2019	261,307	153,843	348,606	1.33	2.82	\$128.36	\$117.24	\$14.19	\$24.11
Sep 2019	260,361	155,417	353,547	1.36	2.81	\$125.77	\$115.56	\$13.33	\$22.33
Oct 2019	264,145	171,410	389,763	1.48	2.88	\$122.90	\$113.43	\$13.51	\$20.82
Nov 2019	264,321	160,916	360,045	1.36	2.78	\$125.40	\$116.10	\$12.12	\$19.91

*\*\*Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

*\*\*\*Member Cost per Script" is the average net amount paid per prescription filled per member (Net Pay Rx/Members)*

*\*\*\*Patient Cost per Script" is the average net amount paid per prescription filled per Patients (Net Pay Rx/Patients)*

## **Prescription Drug Utilization** *(continued)*

The following Top 25 Drug Analysis is based on Incurred Pharmacy Claims from Jan-Nov 2019.

<b>Prev Rank</b>	<b>Curr Rank</b>	<b>Product Name*</b>	<b>Brand/Generic</b>	<b>Therapeutic Class General</b>	<b>Net Pay Rx</b>	<b>Net Pay Rx as % of All Drugs</b>	<b>Scripts Rx</b>	<b>Net Pay Per Day Supply Rx</b>	<b>Patients Rx</b>
1	1	HUMIRA	Single source brand	Immunosuppressants	\$32,405,774.33	\$0.07	4,334	\$192.16	802
2	2	STELARA	Single source brand	Immunosuppressants	\$12,374,457.66	\$0.03	725	\$253.56	216
3	3	ENBREL	Single source brand	Immunosuppressants	\$10,461,842.24	\$0.02	1,442	\$175.35	295
4	4	TRULICITY	Single source brand	Hormones & Synthetic Subst	\$9,192,185.90	\$0.02	10,666	\$24.40	1,757
5	5	FARXIGA	Single source brand	Hormones & Synthetic Subst	\$8,727,806.23	\$0.02	12,980	\$14.52	2,420
6	6	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$8,716,719.05	\$0.02	14,229	\$13.28	2,893
7	7	TRESIBA	Single source brand	Hormones & Synthetic Subst	\$7,570,631.93	\$0.02	8,336	\$21.10	1,756
8	8	SAXENDA	Single source brand	Hormones & Synthetic Subst	\$7,411,766.00	\$0.02	6,370	\$35.86	1,674
9	9	NOVOLOG	Single source brand	Hormones & Synthetic Subst	\$6,624,972.62	\$0.02	6,190	\$25.67	1,238
10	10	VICTOZA	Single source brand	Hormones & Synthetic Subst	\$6,517,387.33	\$0.01	6,440	\$25.55	1,246
11	11	NOVOLOG FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$6,328,758.80	\$0.01	6,730	\$22.56	1,817
12	12	DUEXIS	Single source brand	Central Nervous System	\$6,030,364.82	\$0.01	2,778	\$70.83	659
13	13	TECFIDERA	Single source brand	Misc Therapeutic Agents	\$5,588,704.91	\$0.01	478	\$243.69	87
14	14	COSENTYX	Single source brand	Immunosuppressants	\$5,354,973.50	\$0.01	801	\$193.79	143
15	15	GILENYA	Single source brand	Misc Therapeutic Agents	\$5,184,163.49	\$0.01	355	\$259.86	76
16	16	ROSUVASTATIN CALCIUM	Multisource generic	Cardiovascular Agents	\$4,641,445.11	\$0.01	33,644	\$2.56	8,125
17	17	HUMATROPE	Multisource brand, no generic	Hormones & Synthetic Subst	\$4,603,381.94	\$0.01	454	\$200.43	106
18	18	JARDIANCE	Single source brand	Hormones & Synthetic Subst	\$4,420,946.38	\$0.01	6,972	\$14.66	1,455
20	19	OTEZLA	Single source brand	Misc Therapeutic Agents	\$3,768,758.62	\$0.01	1,030	\$102.30	218
19	20	XOLAIR	Single source brand	Immunosuppressants	\$3,675,855.15	\$0.01	1,023	\$104.18	185
21	21	ELIQUIS	Single source brand	Blood Form/Coagul Agents	\$3,647,720.47	\$0.01	7,285	\$13.04	1,488
22	22	XARELTO	Single source brand	Blood Form/Coagul Agents	\$3,348,125.46	\$0.01	6,529	\$13.03	1,316
23	23	TALTZ	Single source brand	Immunosuppressants	\$3,241,257.77	\$0.01	477	\$208.49	85
25	24	VYVANSE	Single source brand	Central Nervous System	\$3,188,613.41	\$0.01	14,244	\$7.41	2,494
24	25	LEVEMIR FLEXTOUCH	Single source brand	Hormones & Synthetic Subst	\$3,146,373.29	\$0.01	4,276	\$17.40	917

\*"Product Name" includes all strengths/formulations of a drug.



**Prescription Drug Utilization** *(continued)*

In summary, the top 25 drugs represent 4.05% of total scripts and 40.03% of total Pharmacy expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$176,172,986	158,788	6,797,496
All Product Names	\$440,066,689	3,922,160	142,411,812
Top Drugs as Pct of All Drugs	40.03%	4.05%	4.77%

## Utilization

The top 25 clinical conditions based on Incurred Medical Claims for Jan-Nov 2019.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$80,111,241	\$328,298	\$79,640,800	0.00	0.00	1282.54	0.38	180,513	\$443.80
2	2	Osteoarthritis	\$43,464,964	\$22,364,572	\$21,070,784	2.97	1.56	137.69	0.27	16,444	\$2,643.21
3	3	Chemotherapy Encounters	\$38,183,975	\$3,873,589	\$34,310,386	0.50	6.13	1.34	0.01	772	\$49,461.11
4	4	Signs/Symptoms/Oth Cond, NEC	\$37,598,640	\$6,513,729	\$30,778,245	0.91	6.24	433.50	10.10	80,711	\$465.84
5	5	Coronary Artery Disease	\$29,987,653	\$16,390,549	\$13,564,886	1.79	3.92	28.42	2.09	5,185	\$5,783.54
6	6	Spinal/Back Disord, Low Back	\$27,587,249	\$12,090,691	\$15,445,920	0.76	3.45	591.43	3.59	30,267	\$911.46
7	7	Pregnancy without Delivery	\$26,925,661	\$20,363,163	\$6,561,627	0.60	3.07	82.28	5.67	5,251	\$5,127.72
9	8	Arthropathies/Joint Disord NEC	\$24,469,982	\$1,901,990	\$22,498,325	0.28	2.84	601.35	6.21	50,629	\$483.32
8	9	Respiratory Disord, NEC	\$24,324,191	\$8,774,547	\$15,482,515	0.38	4.46	82.84	9.23	23,914	\$1,017.15
10	10	Gastroint Disord, NEC	\$23,663,757	\$5,428,786	\$18,208,591	1.01	3.80	137.92	15.32	31,966	\$740.28
11	11	Infections, NEC	\$20,575,346	\$18,625,552	\$1,929,078	0.14	3.94	75.48	2.60	18,285	\$1,125.26
12	12	Condition Rel to Tx - Med/Surg	\$20,444,060	\$14,693,083	\$5,686,921	1.63	5.22	6.54	2.11	4,706	\$4,344.25
13	13	Cardiac Arrhythmias	\$18,785,807	\$5,370,844	\$13,413,281	0.79	3.14	34.78	2.09	6,558	\$2,864.56
14	14	Newborns, w/wo Complication	\$16,826,723	\$16,273,767	\$542,417	9.49	3.00	8.10	0.23	2,793	\$6,024.61
15	15	Diabetes	\$15,299,810	\$3,898,020	\$11,380,727	1.69	5.77	236.58	1.76	27,459	\$557.19
17	16	Spinal/Back Disord, Ex Low	\$15,278,841	\$3,247,930	\$12,030,577	0.29	4.32	535.79	2.88	24,509	\$623.40
16	17	Cancer - Breast	\$14,980,950	\$616,216	\$14,328,128	0.10	3.44	20.16	0.02	2,187	\$6,850.00
18	18	Cerebrovascular Disease	\$14,799,591	\$10,756,384	\$3,917,119	1.49	7.34	7.71	1.44	1,957	\$7,562.39
19	19	Renal Function Failure	\$14,188,164	\$3,251,762	\$10,905,104	0.25	6.27	14.84	0.75	2,913	\$4,870.64
22	20	Neurological Disorders, NEC	\$12,926,100	\$5,915,695	\$6,890,736	0.60	9.88	69.47	1.27	8,636	\$1,496.77
20	21	Cardiovasc Disord, NEC	\$12,820,067	\$1,919,041	\$10,896,268	0.31	5.54	67.74	8.76	17,224	\$744.31
21	22	Hypertension, Essential	\$12,539,132	\$7,171,919	\$5,353,669	0.91	6.16	262.97	3.02	42,958	\$291.89
24	23	ENT Disorders, NEC	\$11,831,164	\$1,694,445	\$10,134,157	0.06	17.00	646.00	2.01	40,885	\$289.38
23	24	Urinary Tract Calculus	\$11,583,831	\$990,838	\$10,592,930	0.53	2.74	18.66	5.82	3,865	\$2,997.11
-	25	Infections - ENT Ex Otitis Med	\$11,084,948	\$395,879	\$10,674,770	0.14	2.97	569.58	5.32	88,091	\$125.84

NOTE: Medical payments represent only the payments made for the specified condition.

**Utilization** *(continued)*

In Summary, the top clinical conditions represent more than 57.70% of total Paid Medical Claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$580,281,846	\$192,851,290	\$386,237,959	27.61	4.89	5,953.70	92.93
All Clinical Conditions	\$1,005,734,171	\$316,272,214	\$686,564,789	62.25	5.06	9,574.63	197.80
Top Clinical Conditions as Pct of All Clinical Conditions	57.70%	60.98%	56.26%	44.34%	96.66%	62.18%	46.98%

## **Claims Lag Analysis**

The following claims lag information is based on Incurred Medical Claims from Jan-Nov 2019.

<b>Plan</b>	<b>Number of Medical Claims</b>	<b>Avg Days Lag Per Claim</b>	<b>% Claims Paid Within 30 Days</b>	<b>% Claims Paid Within 60 Days</b>	<b>% Claims Paid Within 90 Days</b>
LivingWell CDHP	4,518,775	17	90.37%	97.37%	99.08%
LivingWell PPO	2,960,677	17	90.48%	97.51%	99.12%
Standard CDHP	101	23	84.38%	96.88%	96.88%
Standard PPO	163	81	52.63%	63.16%	78.95%
LW Limited High Deductible	91,785	25	82.59%	93.88%	97.63%
LivingWell Basic CDHP	249,074	18	88.75%	96.51%	98.72%
Missing	13,641	24	82.00%	96.37%	98.35%
All Plans	7,834,216	17	90.20%	97.32%	99.04%

*\*Missing means the claims could not be tagged to a specific plan.*

### **Claims Lag Analysis** *(continued)*

The following claims lag information is based on all claims (**Medical and Pharmacy**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019
Dec 2018	\$3,694,605.07	\$1,362,358.54	\$1,364,363.47	\$194,021.78	\$263,208.60	\$43,829.53
Jan 2019	\$15,105,949.92	\$3,246,904.67	\$2,316,193.34	\$721,655.19	\$293,354.52	(\$40,920.32)
Feb 2019	\$44,725,029.45	\$7,546,792.29	\$4,691,228.29	\$874,090.42	\$269,851.00	\$416,912.98
Mar 2019	\$68,949,239.28	\$38,544,552.69	\$10,523,249.08	\$3,027,403.75	\$1,623,885.57	\$900,347.00
Apr 2019	\$6,585.26	\$66,356,287.74	\$48,734,019.28	\$9,020,213.26	\$4,105,353.74	\$1,199,504.57
May 2019	\$0.00	\$4,550.42	\$72,697,594.75	\$42,200,209.99	\$9,167,496.62	\$3,829,477.35
Jun 2019	\$0.00	\$0.00	\$10,118.74	\$71,447,371.30	\$43,996,081.68	\$12,439,935.16
Jul 2019	\$0.00	\$0.00	\$0.00	\$21,691.27	\$69,459,041.32	\$58,330,445.87
Aug 2019	\$0.00	\$0.00	\$0.00	\$0.00	\$7,861.65	\$75,816,552.23
Sep 2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,683.16
Oct 2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Nov 2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020
Dec 2018	(\$472.83)	\$29,118.22	(\$242,524.95)	\$19,311.45	(\$691.82)	(\$15,474.16)
Jan 2019	\$427,497.40	\$94,690.08	\$14,010.38	(\$24,538.19)	\$68,908.95	\$12,003.90
Feb 2019	\$42,958.12	\$159,400.08	\$69,097.02	\$8,838.04	\$123,629.77	\$5,016.22
Mar 2019	\$547,909.93	\$659,210.78	\$176,304.57	\$1,295,244.60	\$119,862.49	\$149,599.80
Apr 2019	\$631,968.18	\$187,576.47	\$447,451.89	\$72,954.59	\$52,867.83	\$142,671.66
May 2019	\$1,586,776.87	\$521,089.46	\$499,177.66	\$77,541.00	(\$4,707.42)	(\$33,558.53)
Jun 2019	\$2,414,059.54	\$1,651,786.72	\$1,699,137.67	\$425,566.78	\$106,151.22	\$117,191.21
Jul 2019	\$7,847,613.40	\$4,717,064.21	\$2,732,725.46	\$993,466.72	\$130,161.48	\$682,864.42
Aug 2019	\$42,098,220.43	\$12,567,728.97	\$4,173,541.20	\$2,109,130.28	\$911,186.59	\$828,407.87
Sep 2019	\$69,548,017.60	\$45,801,845.77	\$13,119,028.05	\$2,601,305.34	\$774,130.84	\$481,600.21
Oct 2019	\$7,559.21	\$74,537,740.77	\$58,019,753.56	\$10,517,132.35	\$2,218,429.52	\$1,949,123.12
Nov 2019	\$0.00	\$12,548.67	\$74,478,309.45	\$50,617,126.79	\$9,377,784.41	\$4,415,209.94

## Claims Distribution Based on Age/Gender

The following is based on Incurred Medical and Pharmacy Claims from Jan-Nov 2019.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,059	\$16,598,102.43	\$15,676.06	1,115	\$21,133,919.37	\$18,958.83
Ages 1-4	5,036	\$11,128,165.39	\$2,209.84	5,409	\$13,155,926.56	\$2,432.31
Ages 5-9	7,610	\$13,886,969.65	\$1,824.92	8,141	\$15,484,223.80	\$1,901.94
Ages 10-14	9,246	\$19,854,546.38	\$2,147.45	9,529	\$19,396,799.75	\$2,035.52
Ages 15-17	5,991	\$17,895,896.04	\$2,987.31	6,135	\$17,903,915.94	\$2,918.15
Ages 18-19	4,001	\$12,919,806.54	\$3,229.29	4,176	\$7,732,435.91	\$1,851.52
Ages 20-24	9,997	\$30,385,011.23	\$3,039.30	9,341	\$17,063,938.23	\$1,826.80
Ages 25-29	8,265	\$30,435,360.14	\$3,682.56	4,941	\$9,687,431.25	\$1,960.48
Ages 30-34	8,990	\$43,322,900.09	\$4,819.16	5,175	\$13,254,833.18	\$2,561.23
Ages 35-39	11,330	\$53,042,854.38	\$4,681.48	6,532	\$18,573,253.10	\$2,843.54
Ages 40-44	12,182	\$70,114,571.44	\$5,755.54	7,351	\$29,375,953.92	\$3,996.33
Ages 45-49	14,374	\$89,300,196.37	\$6,212.54	8,973	\$47,144,680.62	\$5,254.01
Ages 50-54	15,001	\$112,403,921.68	\$7,493.05	9,614	\$69,191,522.06	\$7,197.16
Ages 55-59	17,308	\$146,552,351.03	\$8,467.23	10,824	\$96,075,552.29	\$8,876.01
Ages 60-64	19,374	\$191,623,082.04	\$9,890.78	11,733	\$131,355,307.66	\$11,195.81
Ages 65-74	2,521	\$28,635,150.63	\$11,356.60	2,094	\$29,873,335.50	\$14,266.16
Ages 75-84	162	\$1,738,841.20	\$10,757.74	161	\$2,138,907.99	\$13,270.16
Ages 85+	3	\$17,283.92	\$5,138.46	6	\$45,242.89	\$7,540.48
<b>Total</b>	<b>152,449</b>	<b>\$889,855,010.58</b>	<b>\$5,837.05</b>	<b>111,250</b>	<b>\$558,587,180.02</b>	<b>\$5,021.00</b>

### **Allowed Amount Distribution by Member Count**

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2014—2018 and year to date for 2019.

<b>Allowed Amount</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
less than 0.00	22	4	2	1	5	3
\$0.00 - \$499.99	66,180	72,760	72,608	71,258	70,028	71,430
\$500.00 - \$999.99	39,137	39,862	40,982	41,549	42,865	41,845
\$1,000.00 - \$1,999.99	43,065	41,247	40,963	42,066	43,419	42,943
\$2,000.00 - \$4,999.99	51,911	49,217	48,716	49,627	49,981	48,778
\$5,000.00 - \$9,999.99	29,515	26,834	27,302	26,809	27,336	26,101
\$10,000.00 - \$14,999.99	12,825	11,369	11,647	12,100	12,427	12,009
\$15,000.00 - \$19,999.99	6,755	5,605	6,152	6,384	6,797	6,660
\$20,000.00 - \$29,999.99	6,374	5,612	5,909	6,226	6,824	6,257
\$30,000.00 - \$49,999.99	5,272	4,475	4,841	5,060	5,384	5,294
\$50,000.00 - \$74,999.99	2,520	2,225	2,347	2,671	2,783	2,777
\$75,000.00 - \$99,999.99	1,037	944	1,115	1,199	1,332	1,193
\$100,000.00 - \$149,999.99	846	777	886	958	1,040	1,013
\$150,000.00 - \$199,999.99	344	320	330	370	442	435
\$200,000.00 - \$249,999.99	179	148	174	168	206	198
over \$249,999.99	326	231	252	290	319	320
<b>Total</b>	<b>266,308</b>	<b>261,630</b>	<b>264,226</b>	<b>266,736</b>	<b>271,188</b>	<b>267,256</b>

## **Summary of Enrollment and Claims**

The following provides a summary of members, Incurred Medical Claims and Incurred Pharmacy Claims for the most recent rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Net Pay Med and Rx</b>	<b>Net Pay Med</b>	<b>Net Pay Rx</b>	<b>Claims Paid</b>	<b>Claims Paid Med</b>	<b>Scripts Rx</b>
Dec 2018	262,116	\$148,644,226.29	\$106,402,433.25	\$42,241,793.04	698,186	296,448	394,168
Jan 2019	265,184	\$113,286,810.96	\$76,768,559.41	\$36,518,251.55	712,205	316,449	386,930
Feb 2019	264,795	\$109,970,663.30	\$74,522,287.70	\$35,448,375.60	650,020	292,027	349,362
Mar 2019	265,692	\$126,523,016.54	\$86,776,163.23	\$39,746,853.31	683,457	301,340	374,335
Apr 2019	264,179	\$130,936,592.10	\$90,114,052.94	\$40,822,539.16	667,245	301,262	357,798
May 2019	264,144	\$130,716,916.93	\$89,489,904.74	\$41,227,012.19	669,496	296,905	364,690
Jun 2019	263,724	\$134,344,139.90	\$95,552,664.72	\$38,791,475.18	626,796	284,304	334,839
Aug 2019	261,307	\$138,520,094.66	\$97,648,955.19	\$40,871,139.47	655,604	299,167	348,606
Jul 2019	262,851	\$144,929,867.77	\$102,517,049.88	\$42,412,817.89	680,454	316,924	355,693
Sep 2019	260,361	\$132,403,706.71	\$91,547,201.59	\$40,856,505.12	653,923	292,605	353,547
Oct 2019	264,145	\$147,469,531.03	\$103,258,697.50	\$44,210,833.53	740,603	342,635	389,763
Nov 2019	264,321	\$139,340,850.70	\$97,538,633.95	\$41,802,216.75	674,025	306,062	360,045

*NOTE: Includes run out data from all Carriers*

The following illustrates the change in incurred claims (includes Medical and Pharmacy) by rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Total Medical and Rx Claims</b>	<b>Total Medical Claims</b>	<b>Total Rx Claims</b>
Dec 2018 - Nov 2019	263,568	\$1,606,612,184	\$1,121,379,756	\$485,232,429
Dec 2017 - Nov 2018	263,470	\$1,477,948,431	\$1,044,796,418	\$433,152,013
% Change (Roll Yrs)	0.04%	8.71%	7.33%	12.02%



## **Appendix A**

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan for members of the Kentucky Group Health Insurance Board (KGHIB).

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

This report is compiled using Advantage Suite, which is DEI's health insurance information management system. IBM Watson Health warehouses enrollment and claims data on behalf of the KEHP. Enrollment data is provided by DEI while claims data is provided by KEHP's Medical and Pharmacy administrators

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding and dropping dependents, marriage, divorce, Medicare eligibility, etc. Therefore, Advantage Suite is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2018, Advantage Suite processed enrollment information for a total of 271,060 members as well as 8,085,632 claims (3,552,632 Medical claims and 4,533,000 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Advantage Suite.

## **Appendix B—Definitions**

- ***Allowed Amount*** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- ***Carrier*** refers to claims listed by carrier. (Please note that CVS data is designated as Anthem).
- ***Days Supply*** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- ***Employee*** represents an individual eligible to participate in KEHP as a retiree, or by being employed by one of the agencies that participate with KEHP (example: state employee, school board, quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Advantage Suite deals with Cross-Reference plans uniquely. Although there are in fact two “employees” Advantage Suite can only designate the planholder as an employee. Therefore, the Cross-Reference spouse is considered a dependent and all claims and utilization data related to that spouse is counted as a “member”.
- ***Generic Efficiency*** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- ***Group*** is Kentucky Retirement System (KRS), Kentucky Teachers’ Retirement System (TRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, and Quasi/Local Governments).
- ***Incurred Claims*** refer to paid amounts for claims that were incurred in a specified timeframe.
- ***IP*** refers inpatient procedures and/or claims.
- ***LOS*** refers to length of stay of an acute admission.
- ***Mail Order*** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- ***Member*** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- ***Member Cost per Script*** is the average net amount paid per prescription filled per member (Net Pay Rx/Members).
- ***Net Payment*** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- ***OOP*** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- ***OP*** refers to outpatient procedures and/or claims.
- ***OP Rad*** refers to outpatient radiology claims an/or patients.
- ***Paid Claims*** specify the paid amount for claims regardless of when the claims may have been incurred.
- ***Patient Cost per Script*** is the average net amount paid per prescription filled per patient (Net Pay Rx/Patients).
- ***Patients*** is the unique count of members who received facility, professional, or pharmacy services.

## **Appendix B—Definitions** *(continued)*

- ***Plan*** is CW Standard PPO, CW Capitol Choice, CW Optimum PPO, CW Maximum Choice, Standard PPO, Standard CDHP, LivingWell PPO and LivingWell CDHP.
- ***Rcnt SGovt*** refers to recent State Government benchmarks.
- ***Rcnt US*** refers to recent US national benchmarks.
- ***Retail*** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.